FEDERAL ELECTION
COMMISSION
PUBLIC DISCLOSURE
DIVISION

2015 AUG 31 AM 10: 19

Committee Name:			
SAVERT 66			
If registered, FEC ID:			_
Today's Date:		·	
8.26.15			
Federal Election Commission			
999 E Street, N.W.			

Re: Form 1, Statement of Organization—Unlimited Contributions

To Whom It May Concern:

Washington, D.C. 20463

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates or committees.

Respectfully submitted,

Treasurer's Name:

STEPHENH. SCHROEDER

SH Soliver

Treasurer

FEC FORM 1

Only

STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL CENTER

200 malls 3 hy AH 8: 24

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
SAVE RT 66				
ADDRESS (number and street)	13,41,9, C,E,N,T	RAL AVE NE		
(Check if address is changed)				
	ALBUQUERQ CITYA	UE	STATE \$ ZIP CODE \$	
COMMITTEE'S E-MAIL ADDRE	SS			
(Check if address is changed)	LINFORSAVE	RT16161-101861		
• ,	Optional Second E-Mail Add	dress		
		 		
•				
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
(Check if address is changed)	LWWWSAVIER	1661.101R1G1		
	L			
2. DATE 0.8 Z	6 2015			
3. FEC IDENTIFICATION N	UMBER ▶ C			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined to	his Statement and to the best	t of my knowledge and belief	it is true, correct and complete.	
Type or Print Name of Treasure	or STEPHEN	H. SCHROETZE	72	
Signature of Treasurer	SH Schwill	1	Date 0.8 26 2015	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.				
Office Use		For further information Federal Election Commis Toll Free 800-424-9530	FEL FLIKM I	

Local 202-694-1100

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FI	EC FO	m 1 (Hevised 02/2009) Page 2
		OMMITTEE
Cano	lidate	Committee:
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Candi		
Candi Party	date Affiliati	Office State State State District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi		
Party	y Con	nmittee:
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a
		Corporation Corporation w/o Capital Stock Labor Organization
		Membership Organization Trade Association Cooperative
	1.4	In addition, this committee is a Lobbyist/Registrant PAC.
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint	Fund	fraising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number
	2.	FEC ID number
	3.	FEC ID number
	4.	

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Write or Type Committee Name					
6. Name of Any Connected O	Proganization, Affiliate	d Committee, Joint	Fundraising Repr	esentative, or Lea	adership PAC Sponsor
الممالا					
MONE					
Mailing Address					
		CITY		STATE	ZIP CODE
Relationship: Connected	d Organization	liated Committee	Joint Fundraising	Representative	Leadership PAC Sponsor
t-sard-	.cazat		-	?ee	
 Custodian of Records: Ider books and records. 	ntify by name, address	s (phone number c	optional) and positi	ion of the person	in possession of committee
Full Name		1 1 1 1 1 1 1		1111	
Mailing Address					
Title or Position		CITY		STATE	ZIP CODE
TREASURER	 i . l . l . l . l . l . l		Telephone nur	mber L	-
Treasurer: List the name an any designated agent (e.g.,)		mber optional) of t	he treasurer of the	e committee; and t	he name and address of
Full Name of Treasurer	PHEN H	SCHROED	ER		<u> </u>
Mailing Address	3419 GE	EMT RAL	AVE NE	- 	
		111111			
	ALBURIUE	CITY		NM 8	17106 - 1431 ZIP CODE
Title or Position	<u>' </u>		Telephone nur		1-12661-14200

ALBUQUEROUE

CITY

STATE

ZIP CODE

FEC Form 1 (Revised 02/2009)

Mailing Address

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FEC. STREET ". 999 E. STREET ". MASHINKTON, D.C.

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING D The FEC added this page to the end of this filing to indicate he	_
Hand Delivered	Date of Receipt
USPS First Class Mail Postmarked	Date of Receipt
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Priority Mail Express	Postmarked
Postmark Illegible	· ·
No Postmark	·
Overnight Delivery Service (Specify):	Shipping Date
Next Business	Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	ceipt or Postmarked
	8/31/15
PREPARER (3/2015)	DATE PREPARED